

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

9

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

RAY

A.

JONES

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

P.O. BOX 662518

HOUSTON, TX 77266

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

529-7887

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

KENNIE

B.

JONES

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #:

CITY:

STATE:

ZIP CODE

3214 FERNDALE

HOUSTON, TX. 77078

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

529-7887

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

10 / 1 / 05

1 / 15 / 06

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

☐ Primary

☐ Runoff

☒ General

☐ Special

11 / 08 / 05

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

N/A

CITY COUNCIL - DIST. C

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

NONE

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

RAY JONES

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$60 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1293.50

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 2261.32

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 133.50

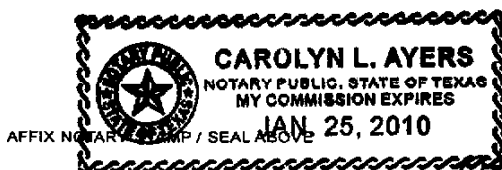
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Ray Jones
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ray Jones, this the 17th day of January, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Carolyn L. Ayers
Notary Public

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 (1 of 2)

2 FILER NAME

RAY JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/25/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

FRANKIE SKID LAWRENCE SKILES

6 Contributor address: City: State: Zip Code

CRYSTAL BEACH, TX 77650

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/25/05

Full name of contributor

☐ out-of-state PAC (ID#)

WANDA ATKINS

Contributor address: City: State: Zip Code

AUSTIN, TX 78709

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/05

Full name of contributor

☐ out-of-state PAC (ID#)

RAY JONES

Contributor address: City: State: Zip Code

HOUSTON, TX 77058

Amount of contribution (\$)

28⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/05

Full name of contributor

☐ out-of-state PAC (ID#)

GLORIA MINNICK

Contributor address: City: State: Zip Code

HOUSTON, TX 77098

Amount of contribution (\$)

15⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/05

Full name of contributor

☐ out-of-state PAC (ID#)

GLORIA MINNICK and
RIC LEACH

Contributor address: City: State: Zip Code

HOUSTON, TX 77098

Amount of contribution (\$)

22⁰⁰

In-kind contribution description (if applicable)

(POSTAGE STAMPS)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule A: 2 of 2 | |
| 2 FILER NAME RAY JONES | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 10/1/05 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GLORIA MINNICK | 7 Amount of contribution (\$) \$ 250⁰⁰ | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77058 | | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 10/7/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rolf LAUB | Amount of contribution (\$) 20⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] HOUSTON TX 77027 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/11/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CONRAD MISTERSON / Alan MISTERSON | Amount of contribution (\$) 100⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED], HOUSTON TX 77058 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/11/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Greenwich Animal Clinic, LLC | Amount of contribution (\$) 300⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] HOUSTON, TX 77058 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/25/05 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Glenn & Pamela BARKER | Amount of contribution (\$) 100⁰⁰ | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code [REDACTED] AUSTIN TX 78746 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 (14) 3

2 FILER NAME

RAY JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/14/05

5 Payee name

OK PAP

6 Payee address;

City; State; Zip Code

6300 WESTPARK, Suite 100
Houston TX 77057

7 Amount (\$)

129.15

8 Purpose of payment (See instructions regarding type of information required.)

paper supplies for
(brochure / flyer)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/14/05

Payee name

PENS PLUS

Payee address;

City; State; Zip Code

5801 BENTLEY
HOUSTON, TX 77036

Amount (\$)

119.08

Purpose of payment (See instructions regarding type of information required.)

copies of flyers
(printing)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/15

Payee name

MATTHEW BROWN

Payee address;

City; State; Zip Code

7104 GLENFOREST DR
GREENVILLE, S.C. 29607

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

mitake Ambassador

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/24

Payee name

office DEPOT

Payee address;

City; State; Zip Code

3443 Kirby
HOUSTON, TX 77058

Amount (\$)

92.18

Purpose of payment (See instructions regarding type of information required.)

copies / water

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

243

2 FILER NAME

AMY JONES

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

14/25/05

6 Payee address; City: State: Zip Code

OK payee

6350 WEEDPARK SUITE 100
HOUSTON TX 77057

134.22

8 Purpose of payment (See instructions regarding type of information required.)

paper supplies for
printing

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

14/25/05

Payee address; City: State: Zip Code

ACE APPROPRIATIONS

4235 Richmond
HOUSTON TX 77098

72.28

Purpose of payment (See instructions regarding type of information required.)

COPY DATA

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/1/05

Payee address; City: State: Zip Code

Office Depot

3443 Kirby
HOUSTON TX 77098

44.33

Purpose of payment (See instructions regarding type of information required.)

paper/envelope supplies

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/2/05

Payee address; City: State: Zip Code

Office Depot

3443 Kirby
HOUSTON TX 77098

75.28

Purpose of payment (See instructions regarding type of information required.)

copies/campaign materials

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 4 3

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

| | | |
|--|-----------------------------|------------------------|
| 4 Date 11/2/05 | 5 Payee name Office Dept | 7 Amount (\$) 70.89 |
| 6 Payee address; City; State; Zip Code 3443 Kirby Houston TX 77058 | | |

| | |
|--|---|
| 8 Purpose of payment (See instructions regarding type of information required.) copies of campaign material | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|--|------------------------------|----------------------|
| Date 10/31/05 | Payee name ARE KAPASIANIS | Amount (\$) 78.91 |
| Payee address; City; State; Zip Code 4835 Richmond Ave. Houston TX 77058 | | |

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) copies of letter to CJC | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|--------------------------------------|------------|-------------|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|--------------------------------------|------------|-------------|
| Date | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code | | |

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---|---|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 (182)

2 FILER NAME

AMY JONES

3 ACCOUNT # (Ethics Commission filers)

| | | |
|-------------------|--|--|
| 4 Date 11/3/05 | 5 Payee name U.S. POSTMASTER 6 Payee address; City: State: Zip Code [REDACTED] HOUSTON, TX 77005-9998 7 Purpose of expenditure (See instructions regarding type of information required.) POSTAGE FOR MAILING | 8 Amount (\$) 320.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 11/4/05 | Payee name U.S. POSTMASTER Payee address; City: State: Zip Code [REDACTED] HOUSTON, TX 77005-9998 Purpose of expenditure (See instructions regarding type of information required.) POSTAGE FOR MAILING | Amount (\$) 320.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 11/3/05 | Payee name BISON SIGNS INC. Payee address; City: State: Zip Code [REDACTED] HOUSTON, TX 77092 Purpose of expenditure (See instructions regarding type of information required.) BISON SIGNS | Amount (\$) 422.12 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 11/3/05 | Payee name Office Depot Payee address; City: State: Zip Code [REDACTED] HOUSTON, TX 77058 Purpose of expenditure (See instructions regarding type of information required.) COPIES CAMPAIGN MATERIALS AND SUPPLIES | Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 11/4/05 | Payee name Office Depot Payee address; City: State: Zip Code [REDACTED] HOUSTON, TX 77098 Purpose of expenditure (See instructions regarding type of information required.) COPIES CAMPAIGN MATERIALS & SUPPLIES | Amount (\$) 78.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 of 2

2 FILER NAME

RAY JONES

3 ACCOUNT # (Ethics Commission filers)

| | | |
|-------------------|--|---|
| 4 Date 11/1/05 | 5 Payee name Office Report | 8 Amount (\$) 24.35 |
| | 6 Payee address; City: State: Zip Code [REDACTED] HOUSTON, TX 77078 | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) Labels & supplies | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City: State: Zip Code | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City: State: Zip Code | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City: State: Zip Code | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name Payee address; City: State: Zip Code | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information required.) | <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED